

DMH Satisfaction Survey Results

Consumer Satisfaction - 2002

Alcohol and Drug Abuse Services - Residential Family

Who Completed the Forms

One question on the residential family survey asked who completed the form. The following table describes who completed the forms for people served by the Division of Alcohol and Drug Abuse Services.

	CSTAR Adult Women	CSTAR Child/Adol.	CSTAR General	GTS Adult
Mother	3 (16.7%)	68 (72.3%)	9 (37.5%)	17 (25.8%)
Father	2 (11.1%)	13 (13.8%)	3 (12.5%)	4 (6.1%)
Guardian	0 (0%)	7 (7.4%)	0 (0%)	1 (1.5%)
Spouse	7 (38.9%)	0 (0%)	4 (16.7%)	22 (33.3%)
Other	6 (33.3%)	6 (6.4%)	8 (33.3%)	22 (33.3%)

Sample Size

Information is based on the number of returned forms and the number of people served according to DMH billing records.

<i>Residential Family Forms</i>	Number Forms Sent - April 2002	Number Forms Returned	Percent of Served Returned
Total Non-Residential Family Members	1113	226	20.3%
CSTAR Women/Children Family	160	20	12.5%
CSTAR Child/Adolescent Family	371	107	28.8%
CSTAR General Family	71	26	36.6%
GTS Adult Family	511	73	14.3%

Demographics of Family Member Receiving Services

Person completing the survey form provided demographics of their family member receiving services.

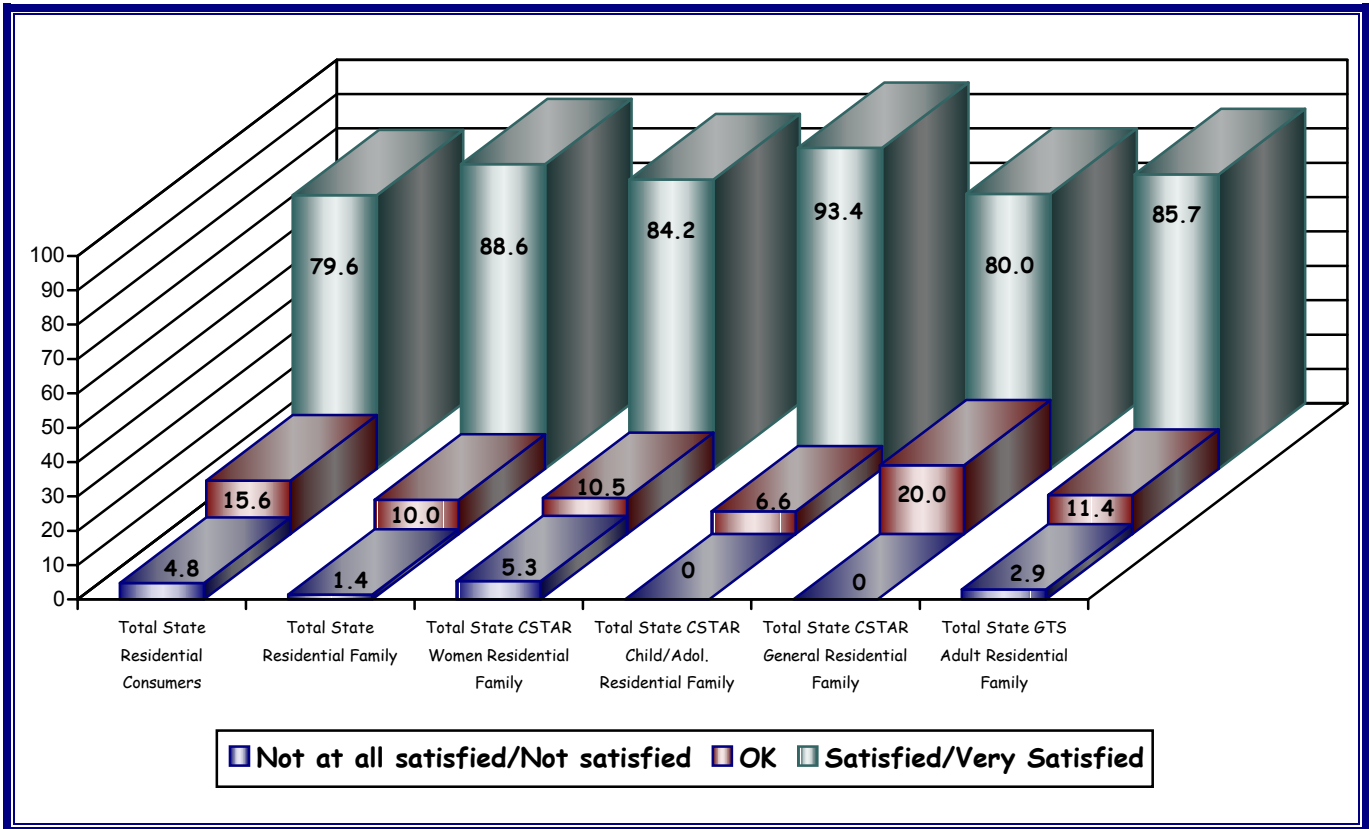
		Total State Served Consumers ^a	Total Family Survey Returns	CSTAR Women	CSTAR Child/Adolescent	CSTAR General	GTS Adult
SEX	Male	65.9%	59.7%	5.0%	65.7%	65.4%	64.8%
	Female	34.1%	40.3%	95.0%	34.3%	34.6%	35.2%
RACE	White	75.2%	75.1%	80.0%	65.7%	92.3%	81.4%
	Black	22.8%	16.3%	15.0%	17.1%	7.7%	18.6%
	Hispanic	0.4%	4.5%	0%	9.5%	0%	0%
	Native American	0.2%	0%	0%	0%	0%	0%
	Pacific Islander	0.2%	0%	0%	0%	0%	0%
	Alaskan	0%	0.5%	5.0%	0%	0%	0%
	Oriental	0.2%	0%	0%	0%	0%	0%
	Bi-Racial	0.5%	3.6%	0%	7.6%	0%	0%
	Other	0.4%	0%	0%	0%	0%	0%
	AGE		24.17	35.35	15.19	28.15	33.22
	0-17	18.7%	48.0%	0%	100.0%	0%	0%
	18-49	76.5%	48.9%	90.0%	0%	92.3%	95.7%
	50+	4.9%	3.2%	10.0%	0%	7.7%	4.3%
^a The Total Served represents statistics on demographics based on the roster of those served April 2002.							

Is Your Family Member's Life Better

One question on the family member survey addressed the issue of whether or not their family member's life has improved because of the services received. The following table shows the results of this question.

Is your family member's life "better" now than before s/he began receiving services?	Yes	No	Unsure
Total ADA Residential	153 (72.9%)	5 (2.4%)	52 (24.8%)
CSTAR Women	15 (75.0%)	1 (5.0%)	4 (20.0%)
CSTAR Child/Adolescent	68 (70.1%)	1 (1.0%)	28 (28.9%)
CSTAR General	18 (75.0%)	0 (0%)	6 (25.0%)
GTS Adult	52 (75.4%)	3 (4.3%)	14 (20.3%)

Overall Satisfaction with Services



Program Satisfaction: Percent of responses to the question "How satisfied are you with the services you receive?"

Some of the key findings were:

- Statewide, 88.6% of family members of consumers served by the Division of Alcohol and Drug Abuse (ADA) Residential programs were "satisfied" or "very satisfied" with services.
- The highest satisfaction rating was in the CSTAR Child/Adolescent program where 93.4% of the families who responded were "satisfied" or "very satisfied" with services.
- The lowest percent who were "satisfied" or "very satisfied" with services was in the families of CSTAR General consumers where 80.0% noted this rating.

Satisfaction with Services

How satisfied are you . . .	Total Consumers	Total Family Member Forms	CSTAR Women/Children	CSTAR Child/Adolescent	CSTAR General	GTS Adult
with the staff who serve your family member?	4.22 (1122)	4.33 (218)	4.16 (19)	4.45 (105)	3.96 (25)	4.32 (69)
with how much your family member's staff know about how to get things done?	4.13 (1124)	4.25 (218)	4.37 (19)	4.41 (106)	3.83 (23)	4.11 (70)
with how your family member's staff keep things about his/her life confidential?	4.37 (1118)	4.44 (221)	4.37 (19)	4.54 (106)	4.08 (25)	4.44 (71)
that your family member's treatment plan has what he/she wants in it?	4.20 (1110)	4.25 (217)	4.33 (18)	4.25 (104)	4.08 (25)	4.30 (70)
that your family member's treatment plan is being followed by those who assist him/her?	4.20 (1111)	4.35 (218)	4.32 (19)	4.43 (104)	3.96 (24)	4.37 (71)
that the agency staff respect your family member's ethnic and cultural background?	4.38 (1106)	4.44 (214)	4.44 (18)	4.57 (103)	4.08 (24)	4.38 (69)
with the services that your family member receives?	4.22 (1129)	4.40 (220)	4.26 (19)	4.54 (106)	4.04 (25)	4.36 (70)
that the staff treats your family member with respect, courtesy, caring and kindness?	4.19 (1123)	4.47 (219)	4.53 (19)	4.61 (106)	4.16 (25)	4.35 (69)
that the environment is clean and comfortable?	4.15 (1128)	4.46 (218)	4.58 (19)	4.55 (103)	4.16 (25)	4.39 (71)
with opportunities for exercise and relaxation?	3.70 (1126)	4.31 (216)	4.37 (19)	4.46 (104)	4.17 (24)	4.12 (69)
that the meals are good, nutritious and in sufficient amounts?	3.79 (1123)	4.25 (210)	4.11 (19)	4.35 (102)	3.91 (23)	4.24 (66)
with the childcare provided by the agency?	4.30 (84)	4.43 (7)	4.43 (7)	- (0)	- (0)	- (0)
The first number represents a mean rating. Scale: 1=Not at all satisfied . . . 5=Very satisfied. The number in parentheses represents the number responding to this item.						

Some of the key findings were:

- **Statewide, family members of consumers served by the Division of Alcohol and Drug Abuse Residential programs, reported that they were satisfied with services. All ratings were at least a mean of 4.00 ("satisfied").**
- **Family members were most satisfied with the staff treating their family member with respect, courtesy, caring and kindness (mean of 4.47).**
- **Family members were least satisfied with how much the staff know about how to get things done, the content of the treatment plan, and with the meals being good, nutritious and in sufficient amounts (means of 4.25).**
- **The CSTAR Child/Adolescent family members were the most satisfied with services (mean of 4.54).**

Satisfaction with Quality of Life

How satisfied are you . . .	Total Consumers	Total Family Member Forms	CSTAR Women/Children	CSTAR Child/Adolescent	CSTAR General	GTS Adult
with how your family member spends his/her day?	3.67 (1130)	3.76 (214)	3.83 (18)	3.60 (102)	3.50 (24)	4.06 (70)
with where your family member lives?	3.84 (1117)	3.90 (214)	3.83 (18)	3.78 (101)	3.75 (24)	4.14 (71)
with the amount of choices your family member has in his/her life?	3.73 (1128)	3.66 (216)	3.32 (19)	3.53 (102)	3.57 (23)	3.96 (72)
with the opportunities/chances your family member has to make friends?	3.94 (1122)	3.74 (217)	3.53 (19)	3.55 (102)	3.54 (24)	4.14 (72)
with your family member's general health care?	3.83 (1092)	3.80 (218)	3.68 (19)	3.71 (103)	3.54 (24)	4.06 (72)
with what your family member does during his/her free time?	3.77 (1125)	3.55 (217)	3.79 (19)	3.31 (102)	3.38 (24)	3.88 (72)
How safe do you feel...						
your family member is in this facility?	4.35 (1130)	4.57 (220)	4.68 (19)	4.63 (104)	4.21 (24)	4.58 (73)
your family member is in his/her home?	4.25 (1088)	4.09 (216)	3.56 (18)	4.22 (104)	3.87 (23)	4.11 (71)
your family member is in his/her neighborhood?	3.97 (1097)	3.87 (217)	3.11 (18)	4.03 (103)	3.75 (24)	3.88 (72)
The first number represents a mean rating. Scale: (items 9-14): 1=Not at all satisfied . . . 5=Very satisfied. Scale: (items 15-16): 1=Not at all safe . . . 5=Very safe. The second number represents the number responding to this item.						

Some of the key findings were:

- The family member's responses to the quality of life questions indicated less satisfaction than their answers pertaining to satisfaction with services.
- Family members were most satisfied with safety in the facility (mean 4.35) and least satisfied with what their family member does during his/her free time (mean of 3.55).

ADA Residential Family Subjective Responses

What was Liked Best About the Program:

Overall Services

Many family members who responded to the survey indicated that they were most pleased with how the treatment was affecting the individual in positive ways. Some family members suggested that the actions of the staff and the results of treatment helped to dramatically change the lives of the individuals in treatment. *He doesn't seem to be stressed to be here. He looks healthier has great opportunities to work out. He's very polite and respectful, They stayed on top of everything and kept him in line to straighten his life out, and Choices given, better sense of responsibility about himself.* Other statements from family members further illustrate the changes in people served, *I have seen a complete turn around and I hope to keep him in the same state of mind. He finally was able to except peer pressure plays a big part in drug problem, The positive tools he has needed to be able to live a sober life and Drug free, getting attitude in line.*

Staff

Some family members indicated that the staff were what they liked best about the services their son/daughter/ward received. One individual said that they liked *that the staff can get him to open up and be honest with them.* Other individuals wrote the following statements about staff, *I really liked the staff, staff seems like they care, and the staff is great.*

Group

Several individuals indicated that they liked the group meetings. While the comments made about group were brief, several individuals who responded to the survey wrote the same thing. Several respondents simply wrote, *process group*, when asked what they liked best about the services they received. One individual had a little more to say on the issue of groups, *the group meetings that are held.* While little content was found in surveys it was clear that the process group activities were something important to the individuals who received services in residential treatment.

What Could Be Improved:

Positive Comments

When asked how services could be improved many individuals had only positive comments to express. One individual wrote, *no improvement needed the services was great.* On a similar note another person said, *No way! This is a wonderful place and does an extremely good job,* when asked how services could be improved.

Mail / Visitors/ Contact

Some family members thought that they should be able to have more contact with their son/daughter/ward who was in a residential treatment program *Me to be able to spend more time with her.* Other issues with contact also included individuals receiving mail in a timely fashion and clergy being able to visit residents more easily. One parent had this to say about trying to get mail to her son who was in a residential treatment program, *He is fairly new so am not sure yet. One thing on mail services - nobody said we needed to put "ADOL" on his address. He may not receive letters in a timely manner - It's very important for support.* Another individual had this to say about clergy being able to visit more easily and frequently *I*

believe there should be more influence of visits from religious personnel, (pastors, bishops, missionaries, etc...) to visit easier.

Group / Therapy

Some individuals who responded to surveys believed that the group therapy sessions needed to be improved upon. One individual in particular thought that too much time was spent on the past *Too much emphasis on the past, stories in group are long and unuseful.* Other comments about group were as follows, *have more time to talk to other group members, they could make groups a little more exciting, and by having groups on the weekend.*

Staff

Several family members indicated on their surveys that they believed some changes with staff would improve the services received by the individuals in residential treatment. One parent stated that they didn't like the way they were treated by the staff, *quizzing by staff to parents - I did not appreciate. I felt like I was in trouble.* Other comments about staff indicated that many family members thought there should be more counselors so that issues with residents could be addressed in a more timely fashion *If there was more funding they could have more staff, allowing more timely addressing of important issues/problems, and More counselors needed.*

Structure

Some family members shared that the programs they were involved with could be improved if there were more structure or a different type of structure. Several family members were specific about structured time for schoolwork. Some family members believed that the structure of the treatment program didn't allow enough time for homework, *as an inpatient there was never enough time for homework, and more structured school, time to study, more time for homework.*

Activities

Activities were also mentioned by family members as an area that needed improvement. Some family members didn't like the activities their children were engaged in while others simply felt there needed to be more opportunities for activities in general. *Place some expectations on the kids to read anything but comic books daily.* Other family members had suggestions for activities, *there needs to be a gym to physically improve life and work out stress, more outings for patients, and more outdoor activities in nice weather.* One client simply wrote *we need to go out more.*

Communication

The issue of communication was addressed as an area that needed improvement. Some family members suggested that sometimes staff wasn't always aware of medical conditions and issues, *better medical communication between nurse, parents and clients.* One family member suggested that *everyone be on the same page so there aren't so many different stories or rules depending on who you talk to.* Many of the respondents to the survey simply wrote, *more communication* or *better communication.*

After Care

Several of the family members responding to the survey indicated that aftercare was an area that needed improvement. Family members expressed a desire for more community-based supports once the person receiving residential treatment was released back into their home environment. *More help and options when my son is released back into the community.* Another statement that reflects this need for after care support is as follows, *Be more readily available in my community/neighborhood after we are through with services, I'm worried about what will happen when it's time for him to come home.*

Family Involvement

Many of the family members shared that they would like to see more family involvement in the treatment process. Some individuals suggested that there be opportunities for counseling for the family as a whole, *counseling for the whole family would be helpful*. Other family members wanted to be more involved in the education process of their son/daughter/ward's treatment program, *by involving more for family members regarding education of what's happening to my child in treatment and what they are learning*.

More Time

An area that was frequently cited as something that family members wanted improved was the amount of time their family member was in residential treatment. Many respondents to the survey indicated that they would like the residential program to be longer. *More time in program, stay longer in treatment, longer inpatient treatment, and more time if needed* were just some of the statements written by family members expressing their desire for longer treatment programs.

Drug Testing

A few of the surveys indicated that some of the individual who were receiving services did not like the drug testing policies of the programs they participated in during treatment. Some of the respondents simply wrote, *no drug testing*, while others were a little more adamant about what they did not like about drug testing. One individual wrote, *Piss test should not have to be witnessed*.

Relapse prevention

An issue of concern for many of the individuals served, as well as their families, is relapse. It was apparent from some of the comments made by respondents that relapse prevention should be a strong focus of a treatment program. Many individuals indicated that they believed that not enough time was spent on discussing and addressing recidivism issues. Comments like the following illustrate this concern, *Spend more time talking about relapse so we have more tools to prevent relapse from happening, and I think they need to do more about relapse*.